

**This report is mandatory under P L 86-257 as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440.**

~~For Official Use Only~~

**READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT**

1 File Number U <u>10344</u>	2 Fiscal Year Covered From <u>1</u> / <u>1</u> / <u>2004</u> Through <u>12</u> / <u>31</u> / <u>2004</u>
3 Name and address of person filing Name <u>Suzanne</u> <u>M</u> <u>Ross</u> P O Box Bldg Room No if any <u>                    </u> Street <u>11151 W Maineske #7</u> City <u>Wauwatosa</u> State <u>WI</u> ZIP Code + 4 <u>53226</u>	4 Name file number and address of labor organization Name <u>FOPEL Local 9</u> Labor Organization File Number <u>011712</u> P O Box Building and Room Number if any <u>                    </u> Street <u>6333 W Bluemound Rd</u> City <u>Milwaukee</u> State <u>WI</u> ZIP Code + 4 <u>53213</u>
5 Position in labor organization <u>Executive Board</u>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

<b>A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.</b>	
<b>6 Name and address of Employer (including trade name If any)</b>  Name <span style="border: 1px solid black; padding: 2px;">OPEIU Local 19</span>  Trade Name If any <span style="border: 1px solid black; padding: 2px;"></span>  P O Box Bldg Room No If any <span style="border: 1px solid black; padding: 2px;"></span>  Street <span style="border: 1px solid black; padding: 2px;">6333 W Bluemound Rd</span>  City <span style="border: 1px solid black; padding: 2px;">Milwaukee</span>  State <span style="border: 1px solid black; padding: 2px;">WI</span> ZIP Code + 4 <span style="border: 1px solid black; padding: 2px;">53219</span>	<b>7 a Nature of Interest Transaction or Income</b> <div style="border: 1px solid black; height: 100px; margin-top: 5px;"></div> <b>7 b Amount</b> <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>

**Signature**

**15 Signature and verification** The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true, correct, and complete. (See the section on penalties in the instructions.)

Signed Lisa M. M. Ross

On 7-26-05

Date \_\_\_\_\_

414 453 1939

Telephone Number

**B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested**

**8 Name and address of Business (including trade name if any)**

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State  ZIP Code + 4

**9 Business deals with**

- ☐ a Labor Organization
- ☐ b Trust
- ☐ c Employer

**10 If 9 b or 9 c is checked give trust or employer's name**

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State  ZIP Code + 4

**11 a Nature of such dealing****11 b Approximate dollar value of such dealing****12 a Nature of interest held or income received****12 b Amount**

**C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value**

**13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)**

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State  ZIP Code + 4

**14 a Nature of payment.**

13 b Is the Business an Employer ☐ or Consultant ☐ ?

**14 b Amount of payment**